Ozzy Albra, Town Supervisor E-mail: supervisor@fishkill-ny.gov (845) 831-7800 Ext. 3309 (845) 831-6040 Fax



Fishkill Town Hall 807 Route 52 Fishkill, NY 12524-3110 website: www.fishkill-ny.gov

October 27, 2020

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, NY, 12233

Mr./Ms. Coordinator:

This is my first MS4 annual report since taking office. Please advise me if there are any additional steps I can take in the future. We had very limited information to work with and we would like to be able to submit more detailed information in future reports. Any advice or suggestions are welcome.

Regards,

Azem "Ozzy" Albra

Town Supervisor Town of Fishkill

MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 0

This cover page must be completed by the report prepar	er.
Joint reports require only one cover page.	

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Choose one:

This report is being submitted on behalf of an individual MS4.

Fill in SPDES ID in upper right hand corner.

Name of MS4	
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OR

This report is being submitted on behalf of a Single Entity

(Per Part II.E of GP-0-10-002)

Name of Single Entity		 	ingenium, menganismenta, angan inggan menganismenta

OR

This is a joint report being submitted on behalf of a coalition.

Provide SPDES ID of each permitted MS4 included in this report. Use page 2 if needed.

	Name of Coalition			
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MS4 Annual Report Cover Page

MCC form for period ending March 9, 2 0 2 0

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MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 0

	SPDES ID
Name of MS4 TOWN OF FISHKILL	N Y R 2 0 A 2 7 4
Each MS4 must submit an MCC form.	
Section 1 - MCC Identification Page	
Indicate whether this MCC form is being submitted	to certify endorsement or acceptance of:
An Annual Report for a single MS4	
○ A Single Entity (Per Part II.E of GP-0-10-002)	
○ A Joint Report	
Joint reports may be submitted by perm	ittees with legally binding agreements.
If Joint Report, enter coalition name:	

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 0

	SPDES ID
Name of MS4 TOWN OF FISHKILL	N Y R 2 0 A 2 7 4

Section 2 - Contact Information

Important Instructions - Please Read

Contact information must be provided for each of the following positions as indicated below:

- 1. Principal Executive Officer, Chief Elected Official or other qualified individual (per GP-0-08-002 Part VLJ).
- 2. Duly Authorized Representative (Information for this contact must only be submitted if a Duly Authorized Representative is signing this form)
- 3. The Local Stormwater Public Contact (required per GP-0-08-002 Part VII.A.2.c & Part VIII.A.2.c).
- 4. The Stormwater Management Program (SWMP) Coordinator (Individual responsible for coordination/implementation of SWMP).
- 5. Report Preparer (Consultants may provide company name in the space provided).

A separate sheet must be submitted for each position listed above unless more than one position is filled by the same individual. If one individual fills multiple roles, provide the contact information once and check all positions that apply to that individual.

If a new Duly Authorized Representative is signing this report, their contact information must be provided and a signature authorization form, signed by the Principal Executive Officer or Chief Elected Official must be attached.

For each contact, select all that apply:

- Principal Executive Officer/Chief Elected Official
- O Duly Authorized Representative
- O Local Stormwater Public Contact
- O Stormwater Management Program (SWMP) Coordinator
- Report Preparer

First Name	MI	Last Name
AZEMOZZY	; ; ,	ALBRA
Title		
TOWNSUPERVISOR		
Address		
8 0 7 R O U T E 5 2		
City		State Zip
FISHKILL	III.	N Y 1 2 5 2 4 -
eMail		
supervisor@fishk	: i 1	1 - n y . g o v
Phone		County
(845)871-7800		D U T C H E S S

MS4 Municipal Compliance Certification (MCC) Form

MCC form for period ending March 9, 2 0 2 0

Name of MS4 TOWN OF FISHKILL	NYR20A274
Section 3 - Partner Information	
Did your MS4 work with partners/coalition to complete some or all perm period?	it requirements during this reporting Yes No
If Yes, complete information below.	0 165 0 10
Submit a separate sheet for each partner. Information provided in	n other formats will not be
accepted. If your MS4 cooperated with a coalition, submit one s	heet with the name of the
coalition. It is not necessary to include a separate sheet for each	MS4 in the coalition.
If No, proceed to Section 4 - Certification Statement.	
Partner/CoalitionName	
DUTCHESS COUNTY REGULA	TEDMS4
Bertana (Carlisian Noma (cont.)	CODEC Partner ID - If applicable
COORDINATE CONTROL COMMITTES	NYR20UNK
Address	· · · · · · · · · · · · · · · · · · ·
2 7 1 5 R O U T E 4 4 S U I T E 3	
City State	Zip Y 1 2 5 4 5 -
MILLBROOK	Y 1 2 5 4 5 -
eMail	
Phone Legally E	Binding Agreement in accordance
(845)677-8011 Legally E with GP-	0-08-002 Part IV.G.? • Yes • No
What tasks/responsibilities are shared with this partner (e.g. MM1 S	School Programs or Multiple Tasks)
C MM1 P U B L I C E D U C A T I O N	
OMM2 BROCHURES	
<u>a de la companya del la companya de la companya de la companya d</u>	
OMM3 MAILINGS	
OMM4 MULTIPLE TASKS	
OMM5 MULTIPLE TASKS	
OMM6 MULTIPLE TASKS	
Additional tasks/responsibilities	
 Watershed Improvement Strategy Best Management Practices watersheds included in GP-0-08-002 Part IX. 	required for MS4s in impaired
N/A	
	<u></u>

MS4 Municipal Compliance Certification(MCC) Form

MCC form for period ending March 9, 2 0 2 0

	SPDES ID
Name of MS4 TOWN OF FISHKILL	N Y R 2 0 A 2 7 4

Section 4 - Certification Statement

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

This form must be signed by either a principal executive officer or ranking elected official, or duly authorized representative of that person as described in GP-0-08-002 Part VI.J.

First Name A Z E M O Z Z Y	MI	Last Name A L B R A
Title (Clearly print title of individual signing report) TOWN SUPERVISOR		
Signature		
age all-		Date
		10/20/2020

Send completed form and any attachments to the DEC Central Office at:

MS4 Permit Coordinator Division of Water 4th Floor 625 Broadway Albany, New York 12233-3505

This report is being submitted for the reporting period ending March 9, 2 0 2 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES 1D Name of MS4/Coalition TOWN OF FISHKILL N Y R 2 0 A 2 7 4 Water Quality Trends The information in this section is being reported (check one): On behalf of an individual MS4 On behalf of a coalition How many MS4s are contributed to this report? 1. Has this MS4/Coalition produced any reports documenting water quality trends related to stormwater? If not, answer No and proceed to Minimum Control Measure O Yes No One. If Yes, choose one of the following O Report(s) attached to the annual report O Web Page(s) where report(s) is/are provided below Please provide specific address of page where report(s) can be accessed - not home page. URL URL URL

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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Name of MS4/Coalition TOWN OF FISHKILL	SPDES ID N Y R 2 0 A 2 7 4
Minimum Control Measure 1. Public E	
The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	
1. Targeted Public Education and Outreach Best Manager	ment Practices
Check all topics that were included in Education and Outreach	during this reporting period:
• Construction Sites	Pesticide and Fertilizer Application
General Stormwater Management Information	Pet Waste Management
Household Hazardous Waste Disposal	Recycling
● Illicit Discharge Detection and Elimination	Riparian Corridor Protection/Restoration
• Infrastructure Maintenance	Trash Management
• Smart Growth	Vehicle Washing
O Storm Drain Marking	Water Conservation
• Green Infrastructure/Better Site Design/Low Impact Development	t • Wetland Protection
Other:	○ None
Other	
2. Specific audiences targeted during this reporting period	l:
Public Employees • Contractors	
○ Residential	
O Businesses General Public	
○ Restaurants ○ Industries	
Other: Agricultural	and the second s
Other	

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID
Name of MS4/Coalition TOWN OF FISHKILL	N Y R 2 0 A 2 7 4
3. What strategies did your MS4/Coalition use to achieve education this reporting period? Check all that apply:	ration and outreach goals during
O Construction Site Operators Trained	# Trained
○ Direct Mailings	# Mailings
○ Kiosks or Other Displays	# Locations
○ List-Serves	# In List
O Mailing List	# In List
O Newspaper Ads or Articles	# Days Run
O Public Events/Presentations	# Attendees
○ School Program	# Attendees
○ TV Spot/Program	# Days Run
Printed Materials:	Total # Distributed
Locations (e.g. libraries, town offices, kiosks)	7
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This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

E. Is your MS4 on schedule to meet the deadline set forth in the SWM. F. Briefly summarize the stormwater activities planned to meet the go the next reporting cycle (including an implementation schedule). 1. Deputy Town Supervisor attends DCS+W meetings. 2. Continue new administration's attempt to comply with requirements set	oals of this	○ Yes	
E. Is your MS4 on schedule to meet the deadline set forth in the SWM. F. Briefly summarize the stormwater activities planned to meet the go			
	IPP?	○ Yes	
•			No
). Has your MS4 made progress toward this Measurable Goal during	this repor	ting period ೧ Yes	d? ● No
		samples/par	
C. How many times was this observation measured or evaluated in the	is reporting	g period?	
Lacks information to report on this item.			
3. Briefly summarize the observations that indicated the overall effect Goal.			ırable
1. Make educational brochures available to residential property owners. 2. Make educational brochures available to commercial property owners. 3. Posters in Town Hall Building Dept.			
A. Briefly summarize the Measurable Goal identified in the SWMPP	n this repo	rting peri	od.
Use this page to report on your progress and project plans toward achieving dentified in your Stormwater Management Program Plan (SWMPP), included II.C.1. Submit additional pages as needed.			Part
Evaluating Progress Toward Measurable Goals MCM 1			
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This report is being submitted for the reporting period ending March 9, $\begin{bmatrix} 2 & 0 \end{bmatrix}$

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Name of MS4/Coalition TOWN OF FISHKILL			N Y R 2	0 A	2 7	4
Minimum Control Measure 2.	Public I	nvolvemer	nt/Participa	ation		
The information in this section is being reported (check	c one):					
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this re 	eport?					
1. What opportunities were provided for public development, evaluation and improvement of (SWMP) Plan during this reporting period?	f the Stor	mwater Ma	nagement Pi		n	
O Cleanup Events			# Events		<u> </u>	
O Comments on SWMP Received			# Comments			Ţ.,
Community Hotlines	Phone #	(845) 8 3 1	_ 7	8 0	0
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○ Community Meetings			# Attendees		- · · · · · · · · · · · · · · · · · · ·	T
○ Plantings			Sq. Ft.			
○ Storm Drain Markings			# Drains			
○ Stakeholder Meetings			# Attendees			
O Volunteer Monitoring			# Events			
Other:				11.		
2. Was public notice of availability of this annu Program (SWMP) Plan provided?	ual report	and Storm	water Manaş	gemen • Ye) No
○ List-Serve			# In List	<u></u>		<u> </u>
O Newspaper Advertising			# Days Run		<u> </u>	
○ TV/Radio Notices			# Days Run	<u> </u>	<u> </u>	ļ.,
Other: TOWN BOARD					<u> </u>	
O Web Page URL: Enter URL(s) on the following	two pages.					

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This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition TOWN OF FISHKILL N Y R 2 0 A 2 7 4 3. Where can the public access copies of this annual report, Stormwater Management Program SWMP) Plan and submit comments on those documents? Enter address/contact info and select radio button to indicate which document is available and whether comments may be submitted at that location. Submit additional pages as needed. MS4/Coalition Office ○ Annual Report ○ SWMP Plan Department D E P TOWN HKILL Address WA Υ GEERIN G Zip City 1 2 5 2 4 FISHKILL N Y Phone 8 4 5 8 9 6 6 0 1 C Comments ○ Library O Annual Report O SWMP Plan Aďdress City Phone O SWMP Plan ○ Comments Other Annual Report Address F Ι S ILLL TOWN HALLL O CLE H K Zip City 2 5 2 4 F ISHKILL NY Phone 4 5 8 3 1 7 | 8 O Annual Report O SWMP Plan Comments O Web Page URL: Please provide specific address of page where report can be accessed - not home page. O eMail Comments

This report is being submitted for the reporting period ending March 9, 2 0 2 0

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This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank. SPDES ID Name of MS4/Coalition TOWN OF FISHKILL N Y R 2 0 A 2 7 4 7. Evaluating Progress Toward Measurable Goals MCM 2 Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part HI.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. 1. Foster partnerships with local watershed groups, environmental groups, and historical societies/groups. B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. Unable to report based on materials currently available C. How many times was this observation measured or evaluated in this reporting period? D. Has your MS4 made progress toward this measurable goal during this reporting period? ○ Yes E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP? ○ Yes F. Briefly summarize the stormwater activities planned to meet the goals of this MCM during the next reporting cycle (including an implementation schedule). Unable to report on activity of prior administration.

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition TOWN OF FISHKILL	N Y R 2 0 A 2 7 4
Minimum Control Measure 3	. Illicit Discharge Detection and Elimination
The information in this section is being reporte	ed (check one):
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to 	to this report?
	nt of outfalls mapped: # %
2. How many of these outfalls have been reporting period (outfall reconnaissa	n screened for dry weather discharges during this nee inventory)?
3.a. What types of generating sites/sewer reporting period?	sheds were targeted for inspection during this
○ Auto Recyclers	Landscaping (Irrigation)
O Building Maintenance	○ Marinas
○ Churches	○ Metal Plateing Operations
○ Commercial Carwashes	○ Outdoor Fluid Storage
O Commercial Laundry/Dry Cleaners	O Parking Lot Maintenance
Construction Vehicle Washouts	○ Printing
O Cross-Connections	○ Residential Carwashing
O Distribution Centers	○ Restaurants
○ Food Processing Facilities	○ Schools and Universities
○ Garbage Truck Washouts	○ Septic Maintenance
○ Hospitals	○ Swimming Pools
O Improper RV Waste Disposal	O Vehicle Fueling
O Industrial Process Water	○ Vehicle Maint./Repair Shops
Other: Unable to re	O None port
○ Sewersheds:	

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES 1D blank.

	SPDE	SID						
Name of MS4/Coalition_TOWN OF FISHKILL	N Y	R 2 0 A 2 7 4						
3.b. What types of illicit discharges have	e been found during this reporting p	eriod?						
O Broken Lines From Sanitary Sewer	O Industrial Connections							
O Cross Connections	○ Inflow/Infiltration							
○ Failing Septic Systems ○ Pump Station Failure								
O Floor Drains Connected To Storm Sewers	○ Sanitary Sewer Overflows							
Olliegal Dumping	O Straight Pipe Sewer Discharges							
Other: UNKNOWN	○ None							
4. How many illicit discharges/potentia reporting period?	al illegal connections have been dete	cted during this						
5. How many illicit discharges have be	en confirmed during this reporting	period?						
6. How many illicit discharges/illegal operiod?	connections have been eliminated du	ring this reporting						
7. Has the storm sewershed mapping to If No. approximately what percent was		iod? O Yes No						
8. Is the above information available in Is this information available on the If Yes, provide URL(s):		○ Yes ○ No ○ Yes ○ No						
Please provide specific address of page	where map(s) can be accessed - not h	ome page.						
URL								
		+ + + + + + + + + + + + + + + + + + + +						

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

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This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coa	dition leave SPDES ID blank.
	SPDES ID
Name of MS4/Coalition TOWN OF FISHKILL	N Y R 2 0 A 2 7 4
12. Evaluating Progress Toward Measurable Goals MCM 3	
Use this page to report on your progress and project plans toward ach identified in your Stormwater Management Program Plan (SWMPP), III.C.1. Submit additional pages as needed.	nieving measurable goals , including requirements in Part
A. Briefly summarize the Measurable Goal identified in the SWI	MPP in this reporting period.
Create a policy to enforce IDDE Enforce IDDE violation(s)	
B. Briefly summarize the observations that indicated the overall Goal.	effectiveness of this Measurable
Currently investigating IDDE at an abandoned construction site with Corps of Engineers	n intention to refer same to Army
C. How many times was this observation measured or evaluated	in this reporting period?
D. Has your MS4 made progress toward this measurable goal du	• •
E. Is your MS4 on schedule to meet the deadline set forth in the	
F. Briefly summarize the stormwater activities planned to meet the next reporting cycle (including an implementation schedu	
Enforced AWMPP at construction project that was abandoned and vecompliance.	was no longer SWMPP

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	SPI	DES ID	
Name of MS4/Coalition TOWN OF FISHKILL	N	Y R 2	0 A 2 7 4

	Minimum Control Measures 4 and 5. Construction Site and Post-Construction Control		
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1a	. Has each MS4 contributing to this report adopted a law, ordinance or other remechanism that provides equivalent protection to the NYS SPDES General Pe Stormwater Discharges from Construction Activities?		
1b	Has each Town, City and/or Village contributing to this report documented the equivalent to a NYSDEC Sample Local Law for Stormwater Management and Sediment Control through either an attorney certification or using the NYSDE Analysis Workbook?	Erosion	
	If Yes, Towns, Cities and Villages provide date of equivalent NYS Sample Local L		ONT
2.	Does your MS4/Coalition have a SWPPP review procedure in place?	Yes	○ No
3.	How many Construction Stormwater Pollution Prevention Plans (SWPPPs) harviewed in this reporting period?	ive been	1
4.	Does your MS4/Coalition have a mechanism for receipt and consideration of p comments related to construction SWPPPs? • Yes	ublic No	O NT
	If Yes, how many public comments were received during this reporting period?		
5.	Does your MS4/Coalition provide education and training for contractors abou SWPPP process?	t the loc	al O No

6. Identify which of the following types of enforcement actions you used during the reporting period for construction activities, indicate the number of actions, or note those for which you do not have authority:

O Notices of Violation	#	0	○ No Authority
○ Stop Work Orders	#	0	O No Authority
O Criminal Actions	# [] []	0	○ No Authority
○ Termination of Contracts	#	0	O No Authority
O Administrative Fines	# []	0	O No Authority
O Civil Penalties	#	0	O No Authority
O Administrative Orders	#	0	O No Authority
© Enforcement Actions or Sanctions	#	0	
○ Other	#	0	O No Authority

This report is being submitted for the reporting period ending March 9, 2 0 2 0 lf submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Nan	me of MS4/Coalition TOWN OF FISHKILL SPDES ID N Y R 2 C) A 2	7 4
	Minimum Control Measure 4. Construction Site Stormwater Runof	f Cont	t <u>rol</u>
The	e information in this section is being reported (check one):		
	On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report?		
1.	How many construction projects have been authorized for disturbances of one aduring this reporting period?	cre or n	nore 2
2.	How many construction projects disturbing at least one acre were active in your during this reporting period?	jurisdi	iction 1
3.	What percent of active construction sites were inspected during this reporting p	eriod?	T:
4.	What percent of active construction sites were inspected more than once?	1 0	O NT
5.	Do all inspectors working on behalf of the MS4s contributing to this report use to Construction Stormwater Inspection Manual? • Yes	the NYS	
6.	Does your MS4/Coalition provide public access to Stormwater Pollution Prevent (SWPPPs) of construction projects that are subject to MS4 review and approval Yes	?	
	If your MS4 is Non-Traditional, are SWPPPs of construction projects made ava public review?	ilable fo ● Yes	
	If Yes, use the following page to identify location(s) where SWPPPs can be accessed		

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

SPDES ID

Name of MS4/Coalition TOWN OF FISHKILL	N Y R 2 0 A 2 7 4									
6. con't.:										
Submit additional pages as needed.										
○ MS4/Coalition Office										
Department The second s										
<u> </u>	G H W A Y D E P T									
Address										
GEERING WAY	Zip									
City FISHKILL NY										
Phone										
(
○ Library										
Address										
City	Zip									
Phone										
Phone										
O Other										
Address										
City The state of the state of	Zip									
Phone										
O Web Page URL(s): Please provide specific address where SWPPF	es can be accessed - not home page.									
URL										
URL										

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition TOWN OF FISHKILL N Y R 2 0 A 2 7 4 7. Evaluating Progress Toward Measurable Goals MCM 4 Use this page to report on your progress and project plans toward achieving measurable goals identified in your Stormwater Management Program Plan (SWMPP), including requirements in Part III.C.1. Submit additional pages as needed. A. Briefly summarize the Measurable Goal identified in the SWMPP in this reporting period. Unable to report based on information provided by prior administration. B. Briefly summarize the observations that indicated the overall effectiveness of this Measurable Goal. Unable to report based on information provided by prior administration C. How many times was this observation measured or evaluated in this reporting period?

		○ Yes	O No
F.	Briefly summarize the stormwater activities planned to meet the goals of this N	1CM du	ring

D. Has your MS4 made progress toward this measurable goal during this reporting period?

E. Is your MS4 on schedule to meet the deadline set forth in the SWMPP?

O Yes

 \bigcirc No

the next reporting cycle (including an implementation schedule).

Deputy Supervisor is attending monthly DCSW meetings, efforts are being made to come into compliance.

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

Name of MS4/Coalition	TOWN OF FISHKIL	L		SPDES N Y	ID R 2 0 A 2 7 4	
					r Management	
The information in th	nis section is bein	g reported (che	ck one):			
On behalf of an inc On behalf of a coa How m		ributed to this	report?			
1. How many and MS4/Coalition is				nagement practice eporting period?	ees has your	
		# Inventoried	# Inspections	# Times Maintained		
○ Alternative Practic	es					
○ Filter Systems			1			
O Infiltration Basins						
Open Channels						
○ Ponds						
○ Wetlands						
○ Other				L		
2. Do you use an BMPs, inspecti			abase, spreads	heet) to track po	ost-construction ○ Yes • No	
3. What types of Development/E					Impact	
O Building Codes	Municipal C	omprehensive F	Plans			
Overlay Districts	verlay Districts Open Space Preservation Program					
Zoning	• Local Law o	r Ordinance				
○ None	Land Use R	egulation/Zonin	g			
Watershed Plans	Other Comp	rehensive Plan				
Other:						

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Nan	me of MS4/Coalition_ TOWN OF FISHKILL N	YR20A	2	7 4
4 a.	. Are the MS4s contributing to this report involved in a regional/watershed	wide planning e	lfort	?
		● Y	es	○ No
4b.	. Does the MS4 have a banking and credit system for stormwater managem	ent practices?		
		○ Y	es	No
4c.	. Do the SWMP Plans for each MS4 contributing to this report include a pr and approval of banking and credit of alternative siting of a stormwater n	nanagement prac	etice:	
	Ψ .	nanagement prac O Y part of this syste	etice? es	Nothis

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of	
	SPDES ID N Y R 2 0 A 2 7 4
Name of MS4/Coalition TOWN OF FISHKILL	N Y R 2 0 A 2 7 4
6. Evaluating Progress Toward Measurable Goals MCM 5	
Use this page to report on your progress and project plans towar identified in your Stormwater Management Program Plan (SWM III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the	SWMPP in this reporting period.
Unable to report based on information provided by prior admin	istration.
B. Briefly summarize the observations that indicated the over Goal.	erall effectiveness of this Measurable
Unable to report based on information provided by prior admin	istration.
C. How many times was this observation measured or evalu	nated in this reporting period?
D. II Med and anagues toward this massumable see	(ex.: samples/participants/
D. Has your MS4 made progress toward this measurable go	© Yes © No
E. Is your MS4 on schedule to meet the deadline set forth in	the SWMPP?
F. Briefly summarize the stormwater activities planned to n the next reporting cycle (including an implementation sci	
Deputy Supervisor is attending monthly DCSW meetings with	intent to come into compliance.
	: : :
	; !

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPDES ID
Name of MS4/Coalition TOWN OF FISHKILL	: : :	N Y R 2 0 A 2 7 4

Minimum Control Measure 6. Stormwater Management for Municipal Operations

The information in this section is being reported (check one):	
 On behalf of an individual MS4 On behalf of a coalition How many MS4s contributed to this report? 	

1. Choose/list each municipal operation/facility that contributes or may potentially contribute Pollutants of Concern to the MS4 system. For each operation/facility indicate whether the operation/facility has been addressed in the MS4's/Coalition's Stormwater Management Program(SWMP) Plan and whether a self-assessment has been performed during the reporting period. A self-assessment is performed to: 1) determine the sources of pollutants potentially generated by the permittee's operations and facilities; 2) evaluate the effectiveness of existing programs and 3) identify the municipal operations and facilities that will be addressed by the pollution prevention and good housekeeping program, if it's not done already.

Self-Assessment
Operation/Activity/Facility
performed within the past 3

		<u>periorii</u>	cu mini	the past 5
Operation/Activity/Facility	Addressed in	n SWMP?	years?	•
Street Maintenance	🧶 Yes	○ No	O Yes	○ No
Bridge Maintenance	○ Yes	○ No	○ Yes	○ No
Winter Road Maintenance	🧶 Yes	○ No	○ Yes	⊃ No
Salt Storage	🥯 Yes	○ No	O Yes	○ No
Solid Waste Management		○ No	○ Yes	○ No
New Municipal Construction and Land Disturba	ince 🧶 Yes	○ No	○ Yes	○ No
Right of Way Maintenance	O Yes	○ No	O Yes	○ No
Marine Operations	○ Yes	• No	○ Yes	○ No
Hydrologic Habitat Modification	○ Yes	○ No	○ Yes	○ No
Parks and Open Space		○ No	○ Yes	○ No
Municipal Building	Yes	○ No	C Yes	\bigcirc No
Stormwater System Maintenance		○ No	O Yes	○ No
Vehicle and Fleet Maintenance		○ No	○ Yes	O No
Other	△ 37	○ No	○ Yeş	O No

This report is being submitted for the reporting period ending March $9, 2 \mid 0 \mid 2 \mid 0$ If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	SPDES ID			
Name of MS4/Coalition TOWN OF FISHKILL	NYR2	0 A	2 7	7 4
2. Provide the following information about municipal operations	good housekeep	oing pr	ogra	ıms:
O Parking Lots Swept (Number of acres X Number of times swept)	# Acres		<u> </u>	6
○ Streets Swept (Number of miles X Number of times swept)	# Miles		1 6	5 8
O Catch Basins Inspected and Cleaned Where Necessary	#		6 (o 0
 Post Construction Control Stormwater Management Practices Inspected and Cleaned Where Necessary 	#			
O Phosphorus Applied In Chemical Fertilizer	# Lbs.		Ĭ	
○ Nitrogen Applied In Chemical Fertilizer	# Lbs.			
 Pesticide/Herbicide Applied (Number of acres to which pesticide/herbicide was applied X Number times applied to the nearest tenth.) 	# Acres per of		T	•
3. How many stormwater management trainings have been provi	ided to municipa	al empl	oye	es
during this reporting period?	_		· · · · ·	
4. What was the date of the last training?		1	7	
5. How many municipal employees have been trained in this repo	orting period?		:	
6. What percent of municipal employees in relevant positions and stormwater management training?	d departments r	eceive]%

This report is being submitted for the reporting period ending March 9, 2 0 2 0

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	PDES ID N Y R 2 0 A 2 7 4
7. Evaluating Progress Toward Measurable Goals MCM 6	
Use this page to report on your progress and project plans toward achieving identified in your Stormwater Management Program Plan (SWMPP), includ III.C.1. Submit additional pages as needed.	
A. Briefly summarize the Measurable Goal identified in the SWMPP in	this reporting period.
Unable to report based on information provided by prior administration.	
B. Briefly summarize the observations that indicated the overall effectional.	veness of this Measurable
Unable to report based on information provided by prior administration	
C. How many times was this observation measured or evaluated in this	reporting period? (ex.: samples/participants/events
D. Has your MS4 made progress toward this measurable goal during th	is reporting period?
E. Is your MS4 on schedule to meet the deadline set forth in the SWMF	○ Yes ○ No 'P?' ○ Yes ○ No
F. Briefly summarize the stormwater activities planned to meet the goathe next reporting cycle (including an implementation schedule).	ls of this MCM during
Deputy Supervisor is attending monthly DCSW meetings with intention to	come into compliance.
	<u></u>

This report is being submitted for the reporting period ending March 9, 2 0 2 0

If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	Name of MS4/Coalition TOWN OF FISHKILL		
Additional Waters	shed Improvemen	nt Strategy Best M	anagement Practices
The information in this section i	is being reported (check	c one):	
On behalf of an individual Micono On behalf of a coalition How many MS4s	S4 s contributed to this re	eport?	
MS4s must answer the ques	stions or check NA a	s indicated in the tab	le below.
MS4 Description	Answer	Check NA	(POC)
NYC EOH Watershed			
Traditional Land Use	1,2,3,4,5,6,7a-d,8a,8b,9 1,2,3,4,7a-d,8a,8b,9	10,11,12 5,10,11,12	Phosphorus Phosphorus
Traditional Non-Land Use Non-Traditional	1,2,77a-d,8a,8b,9	3,4,5,10,11,12	Phosphorus
Onondaga Lake Watershed		23,7521,727,111.	-
Traditional Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Traditional Non-Land Use	1,6,7a-d,8a,9	2,3,4,5,8b,10,11,12	Phosphorus
Non-Traditional Greenwood Lake Watershed	1,6,7a-d,8a,9	2,3,4,5,86,10,11,12	Phosphorus
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Non-Traditional	1,4,6,7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
Oyster Bay		2 2 5 6 0- 95	Dotherood
Traditional Land Use Traditional Non-Land Use	1,4,7a-d,9,10,11,12 1,4,7a-d,9,10,11,12	2,3,5,6,8a,8b 2,3,5,6,8a,8b	Pathogens Pathogens
Non-Traditional	1.4.7a-d.9	2,3,4,5,8a,8b,10,11,12	Pathogens
Peconic Estuary			-
Traditional Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen
Traditional Non-Land Use	1,4,7a-d,8a,9,10,11,12	2,3,5,6,8b	Pathogens and Nitrogen Pathogens and Nitrogen
Non-Traditional Oscawana Lake Watershed	1,4,7a-d,8a,9	2,3,4,5,8b,10,11,12	ramogens and teleogen
Traditional Land Use	1,4,6,7a-d,8a,9	2,3,5,86,10,11,12	Phosphorus
Traditional Non-Land Use	1,4,6,7a-d,8a,9	2,3,5,8b,10,I1,12	Phosphorus
Non-Traditional	1.4,6.7a-d,8a,9	2,3,5,8b,10,11,12	Phosphorus
L127 Embayments	1 2 2 4 70 4 0 10 11 12		Pathogens
Traditional Land Use Traditional Non-Land Use	1,2,3,4,7a-d,9,10,11,12 1,2,3,4,7a-d,9,10,11,12	5,6,8a,8b 5,6,8a,8b	Pathogens
Non-Traditional	1.2.3.4.7a-d.9	5,6,8a,8b,10,11,12	Pathogens

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

		SPDES ID		
Na	me of MS4/Coalition TOWN OF FISHKILL	N Y R 2	0 A 2	2 7 4
3.	Does your MS4/Coalition have a Stormwater Conveyance System and Maintenance Plan Program?	n (infrastructu 9 Yes	ı re) İns ç O No	ection O N/A
4.	Estimate the percentage of on-site wastewater treatment systems and maintained or rehabilitated as necessary in this reporting pe		n inspec	eted %
5.	Has your MS4/Coalition developed a program that provides pro NYSDEC SPDES General Permit for Stormwater Discharges fro (GP-0-08-001) to reduce pollutants in stormwater runoff from co- disturb five thousand square feet or more?	om Construction	on Activ ivities t	ities
6.	Has your MS4/Coalition developed a program to address post-corunoff from new development and redevelopment projects that dequal to one acre that provides equivalent protection to the NYS Permit for Stormwater Discharges from Construction Activities the New York State Stormwater Design Manual Enhanced Phos Standards?	listurb greater DEC SPDES (GP-0-08-001)	than or General , includ	r l
7a	Does your MS4/Coalition have a retrofitting program to reduce phosphorus/nitrogen/pathogen loading?	erosion or O Yes	O No	9 N/A
7b	.How many projects have been sited in this reporting period?		{ {	1
7e	. What percent of the projects included in 7b have been completed	I in this report	ing per	iod?
7d	l. What percent of projects planned in previous years have been co	ompleted?		%
		○ No	Projects	Planned
8a	a. Has your MS4/Coalition developed and implemented a turf man procedures policy that addresses proper fertilizer application on lands?			I © N/A
8t	o. Has your MS4/Coalition developed and implemented a turf man procedures policy that addresses proper disposal of grass clippin municipally owned lands?	agement pract ngs and leaves O Yes	ices and from • No	I O N/A

This report is being submitted for the reporting period ending March 9, 2 0 2 0 If submitting this form as part of a joint report on behalf of a coalition leave SPDES ID blank.

	25062 10	
Name of MS4/Coalition TOWN OF FISHKILL	N Y R 2 0	A 2 7 4
9. Has your MS4/Coalition developed and implemented a	ı program of native plantin	g?
	○ Yes •	No ON/A
10. Has your MS4/Coalition enacted a local law prohibitin prohibiting goose feeding?		roperties and No ON/A
11. Does your MS4/Coalition have a pet waste bag program	m? ○ Yes *	No ON/A
12. Does your MS4/Coalition have a program to manage g populations?		≀No ○N/A